

# Commonwealth of Virginia Health Benefits Program

## Medco Materials Order Form

**March 2005**

**Please destroy all prior forms**

Pharmacy Materials		Quantity
HB905518	Home Delivery Order Form	
E704	Home Delivery Order Form Envelope	
C1001	Reimbursement Claim Form	
GNPRF	Health Assessment Questionnaire	
C3001	COB Claim Form	
B16875M	State Prescription Drug Brochure – available June 2005 on DHRM Web site	
MG904185	State Three-Tier Drug Program Guide – available June 2005 on DHRM Web site	

**PLEASE PRINT OR TYPE**

**DATE** \_\_\_\_\_

Agency/Sub-Agency Number \_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name (Person Requesting Materials) \_\_\_\_\_

Agency Name \_\_\_\_\_

Shipping Address (Do Not Use P.O. Box\*) \_\_\_\_\_

\*ORDERS CANNOT BE DELIVERED TO P.O. BOX ADDRESS.

City \_\_\_\_\_ VA ZIP \_\_\_\_\_

Send Order Form to [robin\\_nieman@medco.com](mailto:robin_nieman@medco.com) or Fax to: (813) 632-4343

Materials will be shipped within 48 hours

For Questions About Your Order, Call 1-800-446-1755 ext. 2050

Most items, including this order form, are available on the Web at:

[www.dhrm.virginia.gov/compandbenefits.html](http://www.dhrm.virginia.gov/compandbenefits.html)

Charge # for materials (except Three-Tier Drug Brochures): 425000, CWLTHVA  
Charge # for Three-Tier Drug Brochures: 2777, CWLTHVA1